		CIAL ITEMS 1. REQUISITION NUMBER 8.30					PAGE 1 OF				
2. CONTRACT N		3. AWARD/EFFECTIVE DATE	CKS 12, 17, 23, 24, & 30  IVE 4. ORDER NUMBER			5. SOLICITATION NUMBER			6. SOLICITATION ISSUE DATE		
7. FOR SOLIC		a. NAME			b.	TELEPHON calls)	IE NUMBE	ER (No collect		ER DUE DATE/ CAL TIME	
9. ISSUED BY		COL	E	10. THIS AC UNRES	STRICTED	N IS % FOR	DESTINA BLOCK I	VERY FOR FOB ATION UNLESS S MARKED SEE SCHEDULE	12. DIS	SCOUNT TERMS	
				☐ SM	ALL BUSIN ALL DISAV SINESS					T IS A RATED PAS (15 CFR 700)	
					SIC:				b. RATING		
					SIZE STANDARD: 14. METHOD OF S				OLICITATION  IFB RFP		
15. DELIVER TO	)	COD	E	16. ADMINIS	TERED BY	(			COE	DE	
17a. CONTRACTOR/ CODE FACILITY CODE					NT WILL B	E MADE BY	′		COE	DE	
TELEPHONE NO.							=00.0110				
17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN					CKED	SEE ADD		WN IN BLOCK 18	Ba UNLE	SS BLOCK BELOW	
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES				21. QUANTIT	21. 22. 23. QUANTITY UNIT UNIT PRICE			24. AMOUNT		
(Attach Additional Sheets as Necessary)  25. ACCOUNTING AND APPROPRIATION DATA							26 T/	OTAL AWARD AN	IOLINIT	(For Govt. Use Only)	
23. ACCOUNTING AND AFFROFRIATION DATA							20. 10				
27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 A 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR I					□ H □						
RETURN  TO ISSUING	OFFICE CONTRACT	OR AGREES TO FURN	SH AND DELIVER A	COPIES R	EFERENCE DATE			YOUR OFFER O	N SOLIC	R CITATION (BLOCK	
TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALI SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.											
30a. SIGNATUR	E OF OFFEROR/CON	ITRACTOR		31a. UNITE	O STATES	OF AMERIO	CA (SIGNA	ATURE OF CONTR	RACTING	OFFICER)	
30b. NAME AND TITLE OF SIGNER 30c. DATE SIGNED				31b. NAME OF CONTRACTING OFFICER 31c.						31c. DATE SIGNED	
32a. QUANTITY IN COLUMN 21 HAS BEEN  RECEIVED INSPECTED CONTRACT, EXCEPT AS NOTED				33. SHIP NUMBER 34.			VOUCHER NUMBER 35.			OUNT VERIFIED DRRECT FOR	
				PARTIAL FINAL 36. PAYMENT			27		27 CL	IECK NUMBER	
32b. SIGNATURE OF AUTHORIZED GOVT. 32c. DATE			COMPL	_	PARTIAL		FINAL	37. CF	IECK NUMBER		
REPRESE	NIATIVE			38. S/R AC	COUNT	39.	S/R VOL	JCHER	40. PA	ID BY	
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT					42a. RECEIVED BY (Print)						
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER  41c. DATE					42b. RECEIVED AT (Location)						
				42c. DATE REC'D 42c (YY/MM/DD)		d. TOTAL CONTAINERS					

Public reporting purgen for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding OMB NO.: 9000-0136 this burden estimate or any other aspect of this collection of information, including suggestions for Expires: 09/30/98 reducing this burden, to the FAR Secretariat (VRS), Office of Federal Acquisition Policy, GSA, Washington, DC 2040E